


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	DEFECT DIAGNOSIS FOR SEMICONDUCTOR INTEGRATED CIRCUITS		
Application Type : regular, utility			
Attorney Docket Number : BUR920040092US1			
Correspondence address:			
Customer Number:		30449	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	James		
<b>Middle Name:</b>	W.		
<b>Family Name:</b>	Adkisson		
<b>Residence:</b>			
<b>City of Residence:</b>	Jericho		
<b>State of Residence:</b>	VT		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	55 Fields Lane		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Jericho		
<b>State of Mailing Address:</b>	VT		
<b>Postal Code of Mailing Address:</b>	05465		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Greg		
<b>Family Name:</b>	Bazan		

**Residence:**

**City of Residence:** Essex Junction  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 31 Hagan Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Essex Junction  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05452  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** John  
**Middle Name:** M.  
**Family Name:** Cohn  
**Residence:**  
**City of Residence:** Richmond  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** Old Jonesville Schoolhouse  
**Address-2 of Mailing Address:** 20 Duxbury Road  
**City of Mailing Address:** Richmond  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05477  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Francis  
**Family Name:** Gravel  
**Residence:**  
**City of Residence:** Westford  
**State of Residence:** VT

**Country of Residence:** US  
**Address-1 of Mailing Address:** 205 Plains Road  
**Address-2 of Mailing Address:** P.O. Box 76  
**City of Mailing Address:** Westford  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05494  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** NL  
**Given Name:** Leendert  
**Middle Name:** M.  
**Family Name:** Huisman  
**Residence:**  
**City of Residence:** South Burlington  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 12 Keari Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** South Burlington  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05403  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** NL  
**Given Name:** Phillip  
**Middle Name:** J.  
**Family Name:** Nigh  
**Residence:**  
**City of Residence:** Williston  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 2837 South Brownell Road

**Address-2 of Mailing Address:**

**City of Mailing Address:** Williston  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05495  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 7:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Leah  
**Middle Name:** M.P.  
**Family Name:** Pastel  
**Residence:**  
**City of Residence:** Essex  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 18 Essex Highlands  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Essex  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05452  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 8:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Kenneth  
**Family Name:** Rowe  
**Residence:**  
**City of Residence:** Burlington  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 173 Starr Farm Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Burlington  
**State of Mailing Address:** VT

**Postal Code of Mailing Address:** 05401  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 9:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Thomas  
**Middle Name:** G.  
**Family Name:** Sopchak  
**Residence:**  
**City of Residence:** Williston  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 12 Kristen Court  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Williston  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05495  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 10:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** David  
**Middle Name:** E.  
**Family Name:** Sweenor  
**Residence:**  
**City of Residence:** South Burlington  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 3 Old Orchard Park  
**Address-2 of Mailing Address:** #314  
**City of Mailing Address:** South Burlington  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05403  
**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

30449



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:**

**Organization Name:** International Business Machines Corporation

**Address-1 of Mailing Address:** New Orchard Road

**Address-2 of Mailing Address:**

**City of Mailing Address:** Armonk

**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 10504

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**